

**ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED**

Regd. Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051

**CLAIM FORM FOR FIRE & ALLIED PERILS**
*Notification of Physical Loss or Damage*
*(The issue of this form is not to be taken as an Admission of Liability)*

PLEASE ANSWER ALL QUESTIONS FULLY

<b>1.</b>	<b>DETAILS OF INSURED</b>			
(i)	Name			
(ii)	Address for correspondence			
(iii)	Contact Number.			
(iv)	Name and Address of Mortgagee(s) or other persons having financial interest in the property.			
<b>2.</b>	<b>DETAILS OF OTHER INSURANCE</b>			
			<b>Period</b>	
Name of Insurer	Policy No. (s).	Sum Insured Rs.	From	To

N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.

<b>3.</b>	<b>DETAILS OF LOSS</b>
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a)	Time & Date of Fire / Loss	a)
b)	Cause of Fire / Loss	b)
c)	Item of Policy affected (give description)	c)
d)	Occupation of the premises at the time of Fire / Loss	d)
e)	Has the Fire / Loss been reported to Fire Brigade? (If not, give reasons)	e)
f)	Has the Fire / Loss been reported to Police? (If not, give reasons)	f)
4.	Address where the loss can be inspected.	
5.	Extent of Loss (as more particularly described in the statement overleaf)	
6.	Any additional information relevant to processing of claim.	

I/We hereby agree, affirm and declare that:

a. The statements/information given/stated by me/us in this claim form are true, correct and complete.

b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

Signature of the Claimant

### FIRE CLAIM FORM

#### DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

A Fire insurance policy being a contract of indemnity only, all claims must be based upon the actual value of the goods at the time of Fire, excluding any Profit whatsoever.

Item No. of Policy	Description of affected Property	Value at the time of Fire Rs.	Deduction for Value of Salvage Rs.	Net Amount Claimed Rs.
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